

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH		3/27/01
O.I.P.E. CLASSIFIER			4-19-01
FORMALITY REVIEW	TN	TC86K	5/12/01
RESPONSE FORMALITY REVIEW	m	905	9/07/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 n ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet her

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